MEMORIAL NURSING HOME 205 PARKER STREET

Provide Day Programming for

Developmentally Disabled No |

BOSCOBEL 53805 Phone: (608) 375-4112 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skill Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/02): 66 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/02): 74 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 61 Average Daily Census: 60 Skilled \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Supp. Home Care-Household Services No | Developmental Disabilities 4.9 | Under 65 3.3 | More Than 4 Years
Day Services No | Mental Illness (Org./Psy) 41.0 | 65 - 74 6.6 | Yes| Mental Illness (Other) 8.2 | 75 - 84 No | Alcohol & Other Drug Abuse 1.6 | 85 - 94 29.5 | Respite Care
Adult Day Care Respite Care 47.5 | \* 13.1 | Full-Time Equivalent No | Para-, Quadra-, Hemiplegic 1.6 | 95 & Over Adult Day Health Care 13.1 | Full-Time Equivalent
---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 3.3 | No | Fractures 0.0 100.0 | (12/31/02) Home Delivered Meals Other Meals No | Cerebrovascular No | Diabetes Transportation Referral Service Other Services Provide Day Programming for | Other Medical Conditions 18.0 | Male 24.6 | Aides, & Orderlies 43.6 ---- | Female 75.4 | 100.0 | ---- | Mentally Ill

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	;		amily Care			anaged Care	i 		
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	225	37	75.5	114	0	0.0	0	10	100.0	128	0	0.0	0	0	0.0	0	49	80.3
Intermediate				9	18.4	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	14.8
Limited Care				1	2.0	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				2	4.1	167	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.3
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		49	100.0		0	0.0		10	100.0		0	0.0		0	0.0		61	100.0

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MEMORIAL NURSING HOME

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Admissions, Discharges, and	1	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period	1											
	1				% Needing		Total					
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of					
Private Home/No Home Health	8.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	6.9	Bathing	0.0		62.3	37.7	61					
Other Nursing Homes	4.0	Dressing	27.9		42.6	29.5	61					
Acute Care Hospitals	70.3	Transferring	42.6		41.0	16.4	61					
Psych. HospMR/DD Facilities	4.0	Toilet Use	36.1		32.8	31.1	61					
Rehabilitation Hospitals	0.0	Eating	59.0		29.5	11.5	61					
Other Locations	5.9  *	******	******	*****	*****	*******	*****					
Total Number of Admissions	101	Continence		%	Special Treatm	ents	%					
Percent Discharges To:		Indwelling Or Externa	al Catheter	1.6	Receiving Re	spiratory Care	0.0					
Private Home/No Home Health	24.2	Occ/Freq. Incontinent	t of Bladder	49.2	Receiving Tr	acheostomy Care	0.0					
Private Home/With Home Health	26.3	Occ/Freq. Incontinent	t of Bowel	27.9	Receiving Su	ctioning	0.0					
Other Nursing Homes	1.0				Receiving Os		0.0					
Acute Care Hospitals	9.1	Mobility			Receiving Tu	be Feeding	3.3					
Psych. HospMR/DD Facilities	3.0	Physically Restrained	d	1.6	Receiving Me	chanically Altered Diet	s 24.6					
Rehabilitation Hospitals	0.0											
Other Locations	7.1	Skin Care			Other Resident	Characteristics						
Deaths	29.3	With Pressure Sores		0.0	Have Advance	Directives	86.9					
Total Number of Discharges	1	With Rashes		0.0	Medications							
(Including Deaths)	99				Receiving Ps	ychoactive Drugs	67.2					

	This		Hospital-	All		
	Facility	Based 1	Facilities	Fac	ilties	
	%	용	Ratio	90	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	80.0	87.4	0.92	85.1	0.94	
Current Residents from In-County	77.0	84.3	0.91	76.6	1.01	
Admissions from In-County, Still Residing	22.8	15.2	1.50	20.3	1.12	
Admissions/Average Daily Census	168.3	213.3	0.79	133.4	1.26	
Discharges/Average Daily Census	165.0	214.2	0.77	135.3	1.22	
Discharges To Private Residence/Average Daily Census	83.3	112.9	0.74	56.6	1.47	
Residents Receiving Skilled Care	80.3	91.1	0.88	86.3	0.93	
Residents Aged 65 and Older	96.7	91.8	1.05	87.7	1.10	
Title 19 (Medicaid) Funded Residents	80.3	65.1	1.23	67.5	1.19	
Private Pay Funded Residents	16.4	22.6	0.73	21.0	0.78	
Developmentally Disabled Residents	4.9	1.5	3.38	7.1	0.69	
Mentally Ill Residents	49.2	31.3	1.57	33.3	1.47	
General Medical Service Residents	18.0	21.8	0.83	20.5	0.88	
<pre>Impaired ADL (Mean) *</pre>	46.2	48.9	0.95	49.3	0.94	
Psychological Problems	67.2	51.6	1.30	54.0	1.24	
Nursing Care Required (Mean)*	3.5	7.4	0.47	7.2	0.48	